

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

267-62-019237  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

146 3026  
FLED MAY 29 1962

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Indep. Missouri</b>		c. CITY OR TOWN <b>Indep. Missouri</b>	
Length of stay in 1b <b>42 Yrs</b>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION <b>Indep Sanitarium</b>		d. STREET ADDRESS (If outside, give location) <b>634 North Hocker</b>	
3. NAME OF DECEASED (Type or print) First <b>(OLLIE) Oliver</b> Middle <b>Lee</b> Last <b>Robinson</b>		4. DATE OF DEATH Month <b>5</b> Day <b>22</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-21-1909</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Truck Driver</b>	
13a. FATHER'S NAME <b>John Robinson</b>		13b. MOTHER'S MAIDEN NAME <b>Sara Martin</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> <b>None</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
17. INFORMANT <b>Mrs Thelma Robinson</b>		Address <b>634 North Hocker</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Rectal Hemorrhage</b> DUE TO (b) <b>Intestinal Ulcer</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <b>[REDACTED]</b>		14. NAME OF HUSBAND OR WIFE <b>Thelma Robinson</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>arthritis</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>[REDACTED]</b> Month, Day, Year <b>[REDACTED]</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Indep. Missouri</b>	
21. I attended the deceased from <b>12-2-62</b> and last saw her alive on <b>5-19-62</b> Death occurred at <b>5-22-62</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>S. N. Griffin</b> (Deed or title) 22b. ADDRESS <b>9621 E. 27th</b> 22c. DATE SIGNED <b>5-23-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5-26-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>WoodLawn Cemetery</b>	
24. FUNERAL DIRECTOR <b>C. E. Davis</b>		25. DATE RECD. BY LOCAL REG. <b>5-26-62</b>	
ADDRESS <b>1415 Truman Rd</b>		26. REGISTRAR'S SIGNATURE <b>Alba L. Craig</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

K. C. Mo

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Maynard Wellen*

Licensed Embalmer No. 8653

P. O. Address 25 C Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.